

November 14, 2011

SOUTH
CAROLINA
DEPARTMENT
OF HEALTH &
HUMAN
SERVICES

STATE MEDICAID HIT PLAN (SMHP) VERSION 4.2 CHANGE CONTROL DOCUMENT

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A note about this document: The tables in this document identify the selected excerpts from the South Carolina State Medicaid Health Information Technology Plan (SMHP). The tables provide a brief reference to significant updates in the SMHP and therefore should be used in consultation with the complete South Carolina SMHP.

South Carolina SMHP Change Control Record

Item	Excerpt from SMHP and corresponding page #
1. EH Aggregate Payment Calculation: Capture of Data for Attestation	Response to CMS letter dated October 20, 2011 requiring a process for capture of data, and EH attestation to the data, for calculation of EH aggregate payment: Page 110: “For Participation Year FY2011 EH attestations, the SCDHHS Bureau of Reimbursement Methodology and Policy will prepare an Incentive Payment Calculation Worksheet that displays all of the data for an EH’s aggregate payment calculation and will send that to the EH authorized representative. The worksheet will instruct the EH to verify the data; the EH will also be required to input information to differentiate charity care and bad debt. The EH representative must then return to the EH attestation in the S.C. Medicaid State Level Repository (SLR), enter the verified data into the aggregate incentive payment calculation fields, and re-submit the EH attestation. The EH must also upload documentation that supports the attestation of patient volume. Please note: For Participation Year 2012 and beyond, the SLR will offer the functionality such that an EH will upload the patient volume documentation, and attest to the aggregate incentive data, when first submitting an attestation.”
2. EH Patient Volume: Information Added to Clarify Allowable Discharges to Use in the Patient Volume Calculation	Eligibility Criteria for EHs, Pages 103-106: Changes in pages 103 through 106 were made in order to clarify the CCN number as the Medicare provider number as well as eliminate any reference to subprovider unit (i.e. psych and rehab units contained within the general acute care hospital) discharges in the calculation of the EH patient volume calculation unless they are coded as an inpatient hospital bill as defined by the UB-04 Manual. See EH Checklist for further information.
3. EH Patient Volume: Information Added to Clarify Allowable Discharges and ER Visits to Use in the Patient Volume Calculation	Eligibility Criteria for EHs, Pages 106-110: Additional changes in pages 106 through 110 were made in order to clarify that discharges and ER visits associated with Medicaid individuals with commercial insurance could only be counted when Medicaid paid for all or part of the claim. Additionally, language was provided regarding dual eligible discharges and ER visits to clarify that \$0 paid claims could be included as a discharge and ER visit since Medicaid paid for all or part of the premium. And finally, upon receipt of the patient volume data from each participating hospital, the SCDHHS will initiate the calculation of the aggregate EHR incentive payment amount (assuming that the hospital has met the 10% Medicaid

Item	Excerpt from SMHP and corresponding page #
	patient volume requirement) for provider attestation purposes.
4. Attestation of AIU: Information Added to Clarify Evidence of AIU	<p>Attestation of Adopt, Implement, or Upgrade (AIU), Pages 110-111: Information has been added to provide examples of evidence of legal or financial commitment to the AIU of certified EHR technology, and to clarify that a letter from the certified EHR technology vendor, although valuable as a supplement to other evidence, will not be regarded as stand-alone evidence of AIU:</p> <p>“The EP or EH must attest to the AIU of certified EHR technology, and retain evidence that demonstrates the EP/EH’s legal or financial commitment to the AIU of certified EHR technology prior to the attestation. This evidence would serve to differentiate between activities that may not result in AIU (for example, researching EHRs, interviewing EHR vendors, contract proposals) and an actual commitment to the AIU. Documentation of the legal or financial commitment may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties), etc. Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained along with the documentation as a supplement; however, such a letter will not be regarded as stand-alone evidence of AIU.</p>
5. Attestation of MU in 2012: Timeline Change	<p>Attestation of Meaningful Use, Page 111: Medicaid providers who meet the Stage 1 meaningful use criteria will be able to attest to meaningful use in the SLR beginning early 2012.</p>
6. Incentive Payments to EHs: Information Added to Clarify Source Documents/Cost Report Data Worksheet References	<p>Incentive Payments to EHs, Pages 116-119: Changes in pages 116 through 119 were made in order to clarify the Primary and Secondary source documents used in the EH incentive payment calculation as well as the hospital cost report worksheet references. Another change was made to clarify that only general acute care inpatient hospital days could be used in this payment calculation, thus eliminating subprovider unit (i.e. psych and rehab) days from the calculation. The final change under this section clarifies that hospitals must ensure that bad debt expense is excluded from any charity care charges reported in their Medicare/Medicaid cost reports.</p>

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7. Payment Schedule of Aggregate EHR Incentive Payment Amount for Qualifying Hospitals	<p>Incentive Payments to EHs, Page 119: The change on page 119 clarifies the payment schedule that SCDHHS will follow to pay the aggregate EHR incentive payment amount. The Centers for Medicare and Medicaid Services has clarified for the SCDHHS that the State must determine the payment schedule for disbursement of the EH aggregate payment amount. The SCDHHS sought input from the South Carolina Hospital Association, and was advised to disburse the incentives over three payment years. The following statement has been removed: "EHs will select the number of years over which they would like to receive the incentive payment in the SLR"; and replaced with: "An EH must continue to meet the requirements for eligibility for the incentive and submit an attestation via the S.C. Medicaid State Level Repository each payment year. SCDHHS will pay out the aggregate payment amount over three payment years as the EH continues to meet program requirements: 50% the first payment year, 40% the second payment year, and 10% the third payment year. "</p>